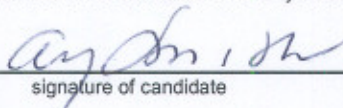

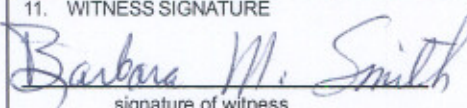
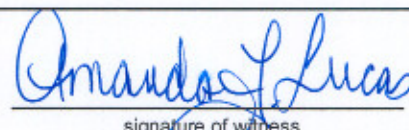


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT <u>12/15/06</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>COMMITTEE TO ELECT ARCH SMITH</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>ARCH SMITH</u>		3. ELECTION DATE <u>11/7/06</u>	
4.a. CAMPAIGN ADDRESS AND PHONE <div style="display: flex; justify-content: space-between;"> Street or Rural Route City State Zip Code Phone </div> <u>102 SOUTH DRIVE SIGNAL MOUNTAIN TN 37377 423.886.1589</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) <div style="display: flex; justify-content: space-between;"> Street or Rural Route City State Zip Code Phone </div>			
5. OFFICE SOUGHT (include district number, if applicable) <u>SIGNAL MTN COMMISSIONER</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>DAVID R EVANS</u>	
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> POST-PRIMARY <input type="checkbox"/> PRE-GENERAL <input checked="" type="checkbox"/> POST-GENERAL <input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> AMENDED			
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING DATE OF REPORTING PERIOD	
9. (Check one) a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.			
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">  signature of candidate </div> <div style="text-align: center;"> <u>12/15/06</u> date </div> <div style="text-align: center;">  signature of political treasurer </div> <div style="text-align: center;"> <u>12/15/06</u> date </div> </div>			
11. WITNESS SIGNATURE <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">  signature of witness </div> <div style="text-align: center;"> <u>12/15/06</u> date </div> <div style="text-align: center;">  signature of witness </div> <div style="text-align: center;"> <u>12/15/06</u> date </div> </div>			
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>3,651.30</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>0</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>1,427.53</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>2,223.77</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>2,500.00</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>-0-</u>	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE COMMITTEE TO ELECT ARCH SMITH				2. REPORT COVERING THE PERIOD FROM: 10-29-06 TO: PRESENT		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount - 0 -	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution(s)		Aggregate this Election
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution(s)		Aggregate this Election
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution(s)		Aggregate this Election
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution(s)		Aggregate this Election
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution(s)		Aggregate this Election
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution(s)		Aggregate this Election
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution(s)		Aggregate this Election
5. TOTAL ITEMIZED CONTRIBUTIONS					- 0 -	
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)						



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE COMMITTEE TO ELECT ARCH SMITH		2. REPORT COVERING THE PERIOD FROM: 10/21/06 TO: 12/31/06	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount - 0 -
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)			
First Name JOHN		Middle Name	In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election
Last Name/Organization Name COWLEDGE			Value of In-Kind Contribution \$500
Address 110 SUMMERVILLE AVE		Date of In-Kind Contribution 11/1/06	Aggregate this Election \$500
City CHATTANOOGA	State TN	Zip Code 37405	Description of In-Kind Contribution FLYERS
First Name		Middle Name	In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election
Last Name/Organization Name			<input type="checkbox"/> Runoff (Local Elections Only)
Address		Date of In-Kind Contribution	Value of In-Kind Contribution
City	State	Zip Code	Aggregate this Election
First Name		Middle Name	In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election
Last Name/Organization Name			<input type="checkbox"/> Runoff (Local Elections Only)
Address		Date of In-Kind Contribution	Value of In-Kind Contribution
City	State	Zip Code	Aggregate this Election
First Name		Middle Name	In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election
Last Name/Organization Name			<input type="checkbox"/> Runoff (Local Elections Only)
Address		Date of In-Kind Contribution	Value of In-Kind Contribution
City	State	Zip Code	Aggregate this Election
First Name		Middle Name	In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election
Last Name/Organization Name			<input type="checkbox"/> Runoff (Local Elections Only)
Address		Date of In-Kind Contribution	Value of In-Kind Contribution
City	State	Zip Code	Aggregate this Election
First Name		Middle Name	In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election
Last Name/Organization Name			<input type="checkbox"/> Runoff (Local Elections Only)
Address		Date of In-Kind Contribution	Value of In-Kind Contribution
City	State	Zip Code	Aggregate this Election
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)			500.00



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE COMMITTEE TO ELECT ARCH SMITH		2. REPORT COVERING THE PERIOD FROM: 10/29 TO: 12/31/06	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)		Amount - 0 -	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name SIGNAL MOUNTAIN PHARMACY		INK CARTRIDGES	29.50
Address TAFT HIGHWAY			
City SIGNAL MTN	State TN Zip Code 37371		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name U.S. Post OFFICE		POSTAGE	204.00
Address			
City CHATTANOOGA	State TN Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name RATLEY PRINTING		YARD SIGNS	505.28
Address 2207 DAYTON BLVD			
City	State TN Zip Code 37415		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name RATLEY PRINTING		BANNER	329.01
Address 2207 DAYTON BLVD			
City CHATTANOOGA	State TN Zip Code 37415		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name WEBB CO PRINTING		CARDS	39.88
Address 1309 TAFT HIGHWAY			
City SIGNAL MOUNTAIN	State TN Zip Code 37377		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name ACE HARDWARE		BANNER MATERIALS	19.09
Address TAFT HIGHWAY			
City SIGNAL MTN	State TN Zip Code 37377		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)			1,126.76



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE COMMITTEE TO ELECT ARCH SMITH		2. REPORT COVERING THE PERIOD FROM: 10/29 TO: 12/31/06	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 1,126.76
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name WALMART		BANNER MATERIAL	30.16
Address SIGNAL MOUNTAIN BLVD			
City CHATTANOOGA	State TN Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name DOLLAR GENERAL		SUPPLIES	16.24
Address TAFT HIGHWAY			
City SIGNAL MOUNTAIN	State TN Zip Code 37377		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name DOLLAR GENERAL		SUPPLIES	4.31
Address TAFT HIGHWAY			
City SIGNAL MOUNTAIN	State TN Zip Code 37377		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name RATLEY PRINTING		YARD SIGNS	250.00
Address 2207 DAYTON BLVD			
City CHATTANOOGA	State TN Zip Code 37415		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)			1,427.53



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>COMMITTEE TO ELECT ARCHIE SMITH</u>	14. REPORT COVERING THE PERIOD FROM: <u>10/29</u> TO: <u>12-31-06</u>
----------------------------------------------------------------------------------------	--------------------------------------------------------------------------

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ - 0 -

b. Itemized Contributions (over \$100 from each source this period) \$ - 0 -

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ - 0 -

16. LOANS RECEIVED THIS REPORTING PERIOD \$ - 0 -

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ - 0 -

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ - 0 -

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

ALL ITEMIZED OR UNITEMIZED \$ _____

STATEMENT OF EXPENDITURES \$ _____

REGARDLESS OF AMOUNT \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total of Expenditures (\$100 or less each payee) \$ 0

b. Itemized Expenditures (Over \$100 each payee this period) \$ 1,427.53

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 1,427.53

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 2,223.77

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 3,651.30

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ - 0 -

b. Itemized in-kind contributions (over \$100 from each source this period) \$ \$500.00

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 500.00

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ - 0 -

b. Itemized Obligations Outstanding (Over \$100 each) \$ - 0 -

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ - 0 -



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <div style="font-size: 1.2em; color: blue; text-align: center; margin-top: 5px;">COMMITTEE TO ELECT ARCH SMITH</div>				2. REPORT COVERING THE PERIOD <div style="display: flex; justify-content: space-between;"> <div>FROM: 10/29/06</div> <div>TO: PRESENT</div> </div>			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)							
Complete the Following for the Source of the Loan							
First Name ARCH		Middle Name SMITH		Outstanding Loan Balance (Beginning of Period) 2,500.00	Loans Received	Loan Payments 2,223.71	Outstanding Loan Balance (End of Period) 276.23
Last Name/Organization Name 102 SOUTH DRIVE				Loan Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Date of Loan 10/26/06	
Address							
City SIGNAL MOUNTAIN	State TN	Zip Code 37317					
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)							
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
4. Totals for all Loans (complete on last page of itemized loans) <small>(Total loans received should also be shown in item 16, on summary page.) (Total loan payments should also be shown in item 20, on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)</small>				Outstanding Loan Balance (Beginning of Period) 2,500.00	Loans Received	Loan Payments 2,223.71	Outstanding Loan Balance (End of Period) 276.23